MARYLAND DEPARTMENT OF HEALTH

Developmental Disabilities Administration (DDA) Waiver Amendments #1 2019

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Monday, February 13, 2019

Agenda

- Welcome
- Background
- Amendments Purposes
- Amendment Overview
- Public Comment Process
- Question and Answer Opportunity



DDA Waiver Amendment #1 2019

Welcome



Today's Process

- Come to microphone to share your question related to the proposed amendment changes
- Be respectful of each other and limit of one question at a time so all have the opportunity to ask a question
- It is not our intention to answer questions that are not related to the proposed changes
- Stakeholder's may write non-amendment related questions on a card or paper to share with the DDA



DDA Overview

- We believe that ALL people have the right to live, love, work, learn, play and pursue their life aspirations in the community
- We partner with people with developmental disabilities and families to provide support and resources to live fulfilling lives
- We provide a coordinated service delivery system to enable children and adults with intellectual and developmental disabilities and families to work toward self-determination, interdependence, productivity, integration and inclusion in all facets of community life across their lifespans
- We are one of many resources, services and supports available to assist individuals and families as they build their lives toward their vision of the of the "Good Life"



DDA Supports

- Children
- Adults
- Families





DDA Waivers

The DDA administers the following Waiver Programs:

Family Supports Waiver

Community Supports Waiver

Community Pathways Waiver

- Children birth to 21 years
- Various support services
- Service cap of \$12,000 annually

- Children and adults
- Meaningful day and support services
- Service cap of \$25,000 annually

- Children and adults
- Meaningful day, support, and residential services



DDA Waivers Timing

Family
Supports
Waiver

Community
Supports
Waiver

Community Pathways Waiver

Submitted: Sept. 1, 2017

Approved: Nov. 21, 2017

Effective Date: Jan. 1, 2018

Submitted: Oct. 13, 2017

Approved: Dec. 7, 2017

Effective Date: Jan. 1, 2018

Submitted: April 2, 2018

Approved: June 27, 2018

Effective Date: July 1, 2019



Why Amend?

- The DDA partners with people in services, selfadvocates, family members, service providers, advocacy organizations and subject matter experts to enhance services and supports for Marylanders with developmental disabilities
- This partnership includes working with various groups related to employment, self-direction, supporting families, person-centered planning, coordination of services, supporting children, training, system platforms, rates and more



Why Amend?

- The DDA also shares information and overviews of the waiver and services for various groups (e.g. Parent's Place of Maryland, family groups, etc.)
- These events provide opportunities to obtain additional information, input and recommendations from participants that can influence waiver services, policies and procedure changes

Why Amend?

- The DDA recognizes and appreciates the diversity of input we receive from stakeholders
- We carefully considered input and recommendations from people with developmental disabilities and various stakeholders for changes to our waiver programs, processes and policies
- Amendment #1 is a result of input and recommendations the DDA has received and we are now *seeking your input on the proposed changes*



DDA Waiver Amendment #1 2019

Amendments Purposes



Amendment #1

- To support the DDA's five priority focus areas (i.e. employment, self-determination, self-direction, supporting families and supported housing)
- To align the waivers with the DDA's transformation and incorporate feedback received through stakeholder meetings, trainings, presentations and workgroups
- To support program integrity (e.g. quality assurance/federal performance measures, protect people's rights, prevent fraud)
- To ensure fiscal accountability



Amendment #1

Programmatic adjustments, such as:

• Alignment and standardization of the *services scope*, *requirements*, *limitations*, *qualifications*, *effective date*, *terminology*, *etc*. for the three home and community-based service waivers programs that support individuals with developmental disabilities which includes the Family Supports Waiver (FSW), Community Supports Waiver (CSW), and the Community Pathways Waiver (CPW)



Alignment

Family Supports Waiver Community
Supports
Waiver

Community Pathways Waiver

- Services scope
- Service requirements
- Service limitations
- Provider qualifications
- Waiver year (i.e. July)
- Standards and terminology



Amendment #1

Programmatic adjustments, such as:

- Adjustment of some of the service implementation dates to provide additional time for rate setting and development of critical operational and billing functionality for example:
 - Changing June 2019 to June 2020
 - Changing July 2019 to July 2020



DDA Waiver Amendment #1 2019

Amendment Overview



Application Components

Main	Introduction, Purpose, Description, Input, Transition Plan
Appendix A	Waiver Administration and Operations
Appendix B	Participant Access and Eligibility (e.g. target group, number of participants, reserved capacity, Medicaid eligibility, and level of care)
Appendix C	Participant Services (e.g. scope, requirements, limits, service delivery models, and provider qualifications)
Appendix E	Participant-Direction of Services
Appendix F	Participant Rights (e.g. Medicaid hearing, case resolution conference, and complaints)
Appendix G	Participant Safeguards (e.g. medications, restraints, and restrictions)
Appendix H	Quality Improvement Strategy
Appendix I	Financial Accountability (e.g. payment methods, audits)
Appendix J	Cost-Neutrality Demonstration (e.g. five year user and cost projections)



Main and Appendix A

Components include:

- Purpose and notable changes within Appendices
- Alignment of waiver descriptions (FSW and CSW)
- Listing of groups and presentations under public input
- Communication strategies (e.g. newsletter, websites)
- Formal public comment period
- Notification to Maryland Urban Indian Organizations for Tribal consultation
- Proposed transition plan to support the amendment



Appendix B

- Adjustments to projected number of participants (i.e. slots) and reserved capacity (i.e. special groups like Transitioning Youth, Court Involved, etc.) based on current experience and future projections
- Addition of two new reserved capacity for Dept. of Human Services Foster Kids Aging Out and Maryland State Department of Education (MSDE) Residential Age Out (CSW and CP only)

• Alignment and standardization of the *services scope*, requirements, limitations, qualifications, service delivery model options, effective date and terminology

 Adjustment of some service effective dates (e.g. June 2019 to June 2020 and July 2019 to July 2020)



Changes in *behavioral support services* qualification requirement including:

- Changes to the Clinician experience and competencies
- Clarification regarding the Brief Implementation Support staff behavioral technician training requirement



- Increase flexibility in *nursing case management* and *delegation services* to provide the option to authorize additional hours under due to change in condition after a hospital or skilled nursing facility discharge
- This includes additional stand alone support service hours under residential services such as Community Living- Group Home services



Improvements to respite that include:

- A daily rate will be used for licensed sites
- Hourly rate, up to 24 hours, for in/out of home services
- Increase service limit from \$7,248 to now include a daily/hourly limit up to 360 hours/year plus up to \$7,248 toward camps
- Adjustment to staff qualifications (i.e. removing the GED/HS Diplomas requirements and decreasing age from 18 year to 16)



Enhancements to shared living to support various service needs levels and include supports such as:

- Assistance, support and guidance (e.g., physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources
- Nurse Case Management and Delegation Services
- Transportation



New service options including:

Family Supports Waiver

- Nurse consultation with self-direction option
- Nurse case management and delegation services with self-direction option

Community Supports Waiver

- Employment services with self-direction option
- Addition of selfdirection option under day habilitation

Community Pathways Waiver

• Support broker services which is only a self-direction option



Alignment of service limitations including:

Waiver Service	FSW	CSW	CPW
Family and peer mentoring services	\checkmark		
Family caregiver training and empowerment services	\checkmark	✓	
Participant education, training and advocacy supports	✓	√	
Respite services	1	√	\checkmark
Support broker services	\checkmark	\checkmark	
Transportation	\checkmark	\checkmark	



Provider qualification changes including:

- Updating terminology from "DDA-Approved," which is used for all non-licensed site services, to "DDA-Certified"
- Alignment of all provider qualification standards across the waivers programs such as addition of assistive technology professional, credentialing, licensing and certification requirements



Criminal Background Checks:

- Alignment of language across the waivers programs
- Inclusion of new draft requirements related to who must complete the background check including board members, employees and others that have direct contact with participants



Appendix E

- CPW removal of support broker as administrative service as it will now be a waiver service
- Addition of new services for employer and/or budget authority available under the self-directed service delivery model



Appendix I and J

- Alignment of terminology
- Addition of new services
- Adjustments to estimated users and projections
- Update to payment systems transitioning to Maryland's Long Term Services and Supports (MDLTSS) system on July 1, 2020



DDA Waiver Amendment #1 2019

Public Comment Process



Comment Submission

- Stakeholders have the opportunity to provide additional input on the *proposed amendment* via the formal public input process
- Public comment will be accepted from February 2 through March 3

Comments can be submitted:

- To wfb.dda@Maryland.gov
- Mailed to DDA Federal Programs at 201 West Preston Street, 4th Floor, Baltimore, MD 21201



Comment Submission

• To support the stakeholder input process and minimize public burden, comments for all three waivers can be submitted together under one response

• Comments submitted will be considered for all three waiver programs as applicable



Comment Sharing

The DDA will post a summary of public recommendations and the Department's position (i.e. accepted, not accepted, or provide a clarification), and comment (as applicable).

Example

Appendix C – Participant Services					
Recommendation	Dept Response	Comment			
DDA should add the new Employment Services to the CSW	Accepted	See new service in Appendix C page 41			



Submission

 Submission to Center for Medicare and Medicaid Services (CMS) — April 1, 2019

• Implementation Date — July 1, 2019



DDA Waiver Amendment #1 2019

Question and Answer Opportunity



Eligibility



Question:

How is the Health Risk Screening Tool (HRST) being used to "assess level of support"?

Answer:

The HRST can identity health risks, changes in health, additional training needs of staff to serve the person more effectively and other health related service needs such as nurse delegation.



Question:

Why is autism not checked off under the target group?

Answer:

The DDA waivers support people who have a "developmental disability" based on criteria establish in Maryland law and regulations. Individuals with a *diagnosis* of autism may be eligible if they met the specified criteria.



Meaningful Day



Question:

Do providers have to start the proposed changes immediately, or can they change in smaller steps?

Answer:

Now is the time to start getting people that are receiving meaningful day services realigned to the proper currently existing service, if they are not already. To do that, providers will start using a person's annual person-centered planning process to make these changes, some of which may need to happen now and some may need to happen again prior to 2020.

Question:

Please clarify if people attending facility-based day services will need to be switched over to career exploration.

Answer:

People receiving supports in a fixed site that is owned, operated, or controlled by a licensed provider or doing work under a contract being paid by a licensed provider should be appropriately aligned with Career Exploration.



Question:

What will happen to existing folks in career exploration. Does the 90 day limit impact them as well, or just new people?

Answer:

Anyone authorized to receive career exploration services prior to July 1, 2020 must be transitioned into a new appropriate service by Oct. 1, 2020 unless otherwise authorized by DDA.



Question:

Under your employment first pre-recorded webinar DDA states that even existing people in career exploration need to transition from those services by Oct. 1, 2020. Is this an accurate statement?

Answer:

Yes. Anyone authorized for career exploration (facility, small and large group) between now and July 1, 2020 will have until Sept. 30, 2020 to transition out of career exploration and into another appropriate service and/or services. Anyone authorized for this service after July 1, 2020 will have 90 days (three months) after their service start date to transition into another service.

MARYLAND Department of Health

Question:

Is there a requirement for billing and documentation of services/schedule on an hourly basis? Many service providers have indicated that this is not practical with existing staff and will lead to an undue administrative.

Answer:

Yes.



Question:

Under CDS can an individual, by his own choosing, attend a community event which is designed for those with special needs (i.e., adaptive swimming, yoga class designed for those with disabilities)?

Answer:

No. This service helps participants with the development and maintenance of skills related to community membership through engagement in community based activities with people without disabilities. Personal support services can assist participants engaging in community activities with persons with and without disabilities.



Question:

Is there a four hour minimum requirement for employment?

Answer:

No, there is not a four hour minimum requirement for employment. However, DDA's current meaningful day services are based on a daily rate. In order to bill daily for a particular service the person must receive the service for a minimum of four hours, per COMAR. Under DDA's current service called supported employment, the person must be engaged in supported employment <u>activities</u>, for at least four hours in order for that to be considered a billable day.



Support Services



Question:

Please explain what it means to move the support broker from administrative service to waiver services?

Answer:

This means we are changing the means as which the state will get reimbursed for this service from an administrative claim to a waiver service claim.



Question:

What are the limitations for support brokers?

Answer:

Initial orientation and assistance up to 15 hours.

Information, coaching, and mentoring up to four hours per month unless otherwise authorized by the DDA.



Question:

Please provide what the support broker start up cap will be and what services are expected to be provided at start up?

Answer:

Service would include an initial orientation on the roles, responsibilities and requirements as the common law employer up to 15 hours can be authorized.



Question:

Is there a four hour cap per person or is it a case by case for support broker services?

Answer:

The limit is per person unless otherwise authorized by the DDA due to extraordinary circumstances when there significant changes in the participant's health or medical situation.



Question:

Does each waiver participant required to have a support broker or is that an option?

Answer:

Support broker services is an optional service that a participant has the choice to access. It is not a required service.



Question:

Will support brokers prepare budget modifications for submission to the coordinator of community services (CCS)? Or will the CCS do that?

Answer:

The coordinator of community services will facilitate the development and submission of the budget modification.



Question:

Please clarify why support broker has been added to the Community Pathways Waiver.

Answer:

Support broker services are currently available in the Community Pathways Waiver as an administrative service. It will continue as an optional waiver service.



Question:

Will support broker services still be deducted from participants funding?

Answer:

Yes. The service would be included in the budget.



Question:

Can support brokers still be hired as employees?

Answer:

An individual selected to provide support broker services is considered the person's employee for support broker services only. They can not act in any other capacity or be an employee for other waiver services for the person.



Question:

For changes to nursing for CL-GH, is the request for increased nursing services time limited or an ongoing new baseline increase?

Answer:

The service would be time limited to support the nurse providing training to the direct support professionals based on new tasks as a result of the discharge from a hospital or nursing facility.



Question:

For respite, can the 360 hours be used for special needs camp? Or does camp have to be paid from the \$7,248 budget?

Answer:

No. The 360 hours can be used for hourly and daily respite services. Up to \$7,248 can be used for camp.



Question:

As part of the new assistive technology changes can a staff person become certified or will we have to use a specific provider?

Answer:

Yes, a staff person can become certified. Staff providing services must have the required credentials, license or certification in an area related to the specific type of technology needed.



Question:

What are the exact changes to transportation?

Answer:

Transportation services can be authorized to support people employed receiving the new follow along employment services. For the Family Supports Waiver and the Community Supports Waiver service qualifications, conflicts and limit information was added to align with the Community Pathways Waiver.



Question:

Are there daily levels of funding that are different for people with less needs who access respite versus people who require more staff support?

Answer:

No. There is only one daily rate.



Question:

It seems that some of the behavioral support services changes reduce the quality and professionalism of care. Why would we eliminate these more stringent requirements? Cost?

Answer:

The DDA is not proposing to eliminate the licensure requirements. The license requirements were inadvertently deleted when the competencies were added. There is no relationship to cost.



Question:

An individual with challenging behaviors requires four, 15 minute consultative sessions with a behavior specialist. Is this covered?

Answer:

Yes. A provider can submit a claim for the total minutes provided for the day. In addition, billing can be rounded up to an hour when a minimum of 30 minutes is provided as per the DDA memo issued on Jan. 30, 2019.



Question:

Can you clarify the specifics related to the BSIS services and the provider qualifications - the specific RBT training is no longer required but there is still the requirement for a 40 hour training? Can you tell us which/what training would meet this requirement?



Answer:

Staff providing brief implementation supports services (BSIS) must complete a 40 hour Registered Behavioral Technician (RBT) course and receive ongoing supervision by a qualified clinician who meets the criteria to provide behavioral assessment and behavioral consultation.

The requirement to complete a 40 hour RBT course does not mean that the staff must be certified as a RBT. The knowledge gained from these classes are important to ensure qualified staff are providing this service.



Answer:

Below are some approve on line course for the Registered Behavior Technician:

Florida Institute of Technology- www.web2.fit.edu/bst/rbt

Relias- www.relias.com

Verbal Behavior Institute onlinerbttraining.com



Residential



Question:

For shared living, there is no mention that the couple or family providing the service need to be CMTs. Are changes being made to the requirements for the couple or family?

Answer:

No. They will need to complete necessary pre/in-service training based on the person-centered plan.



Question:

The service description for Shared Living mentions nursing delegation, but the section on requirements for the caregiver does not mention the standard MBON med tech language included in other services. Can you clarify whether the person providing Shared Living services is required to be a CMT if the person they are supporting cannot self-administer medication?

Answer:

No they do not need to complete the CMT. They will need to complete necessary pre/in-service training based on the Person-Centered Plan. (Note there is an error in the posted Questions and Answer document that will be corrected)



Questions



